

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	REAL-TIME BIOFILM MONITORING SYSTEM
Attorney Docket Number::	TABACCO4
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Mary Elizabeth

Middle Name::	
Family Name::	TABACCO
Name Suffix::	
City of Residence::	Brighton
State or Province of Residence::	MA
Country of Residence::	USA
Street of Mailing Address::	33 Brayton Road
City of Mailing Address::	Brighton
State or Province of Mailing Address::	MA
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	02135
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Marc
Middle Name::	W
Family Name::	MITTELMAN
Name Suffix::	
City of Residence::	Canton
State or Province of Residence::	MA
Country of Residence::	USA
Street of Mailing Address::	2 Copley Place
City of Mailing Address::	Canton
State or Province of Mailing Address::	MA
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	02021
Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	J. Anthony
Middle Name::	
Family Name::	Schanzie
Name Suffix::	

City of Residence:: Belmont
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 82 Horace Road
City of Mailing Address:: Belmont
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02478

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name:: ECHO Technologies, Inc.
Street of Mailing Address:: 5250 Cherokee Avenue
City of Mailing Address:: Alexandria
State or Province of Mailing Address:: VA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 22312